

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. 10717290 FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1							
2		1						
3		2						
4		1						
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TOTAL IND.	7							
TOTAL DEP.	17	↔	↔	↔	↔			
TOTAL CLAIMS	24	██████████	██████████	██████████	██████████			

	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.	↔	↔	↔	↔	↔	↔
TOTAL CLAIMS	██████████	██████████	██████████	██████████	██████████	██████████